

UTILITY PATENT APPLICATION TRANSMITTAL

(for nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

CRNC

Express Mail No.

EV 369937885

22581 U.S. PTO
10/826595



041604

TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Inventor(s): Mark A. Hoffman and David P. McCallie, Jr.

Title: Computer System for Providing Information About the Risk of an Atypical Clinical Event Based Upon Genetic Information

PLEASE ASSOCIATE APPLICATION WITH

CUSTOMER NO. 05251

Enclosed are:

35	pages of specification including abstract
6	sheet(s) of drawings
<input checked="" type="checkbox"/>	an assignment of the invention in the parent case to: CERNER INNOVATION, INC. (not enclosed)
<input checked="" type="checkbox"/>	Declaration of Inventor(s): <input type="checkbox"/> Newly executed <input checked="" type="checkbox"/> Copied from a prior application (for contin/div)
<input checked="" type="checkbox"/>	Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
<input checked="" type="checkbox"/>	Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No. 60/285,263, filed April 20, 2001.
<input type="checkbox"/>	Other:

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input type="checkbox"/>	Continuation	<input checked="" type="checkbox"/>	Divisional	<input type="checkbox"/>	Continuation-in-Part (CIP)	of prior application no. 09/981,248, filed October 16, 2001, which claims the benefit of priority to U.S. Provisional Application No. 60/285,263, filed April 20, 2001.
Prior application information:			Examiner: Moran, Marjorie A.			Group Art Unit: 1631

CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$ 770	\$ 770
TOTAL CLAIMS	51 - 20 =	31	X \$ 18	\$ 558
INDEPENDENT CLAIMS	3 - 3 =	0	X \$ 86	\$ -0-
MULTIPLE DEPENDENT CLAIM PRESENT			\$ 290	\$ -0-
* Number extra must be zero or larger			TOTAL	\$ 1,328
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	\$ -0-
<input type="checkbox"/>	Assignment recordal fee enclosed			\$
TOTAL DUE				\$ 1,328
<input checked="" type="checkbox"/>	A check in the amount of \$ 1,328 to cover the filing fee (<input type="checkbox"/> and assignment recordal) is enclosed.			
<input checked="" type="checkbox"/>	Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.			
<input type="checkbox"/>	Charge the amount of \$ as filing fee.			
<input checked="" type="checkbox"/>	Credit any overpayment.			
<input checked="" type="checkbox"/>	Charge any additional filing fees required under 37 CFR 1.16 and 1.17.			

Jean M. Dickman 4/16/04
Signature Date

Name: Jean M. Dickman, Reg. No.: 45,538